

MOTOR VEHICLE OIL PREMIUM REIMBURSEMENT APPLICATION

For period from JANUARY 1, 2012 TO DECEMBER 31, 2012

This application for reimbursement must be filed no later than MARCH 31, 2013. Purchase invoices need not be enclosed with this application. This reimbursement application may only be submitted by an eligible dealer as defined in 10 MRSA §1020-C and is subject to audit. The dealer must retain invoices and other evidence in the normal books and records for a period of 6 years. Upon audit, the dealer must be able to substantiate that the premiums listed below for reimbursement were actually paid within the reimbursement period noted above, and that the associated motor vehicle oils were exported from Maine directly by that dealer.

DEALER NAME _____

EIN OR SSN _____

ADDRESS _____

SALES REGISTRATION # _____

CITY, STATE, ZIP _____

TELEPHONE # _____

Instructions:

Enter the total gallons by product type on line 1.

Multiply by the rate provided on line 2.

Add all three columns in line 3 together.

Enter the result on line 4.

	GASOLINE ENGINE MOTOR VEHICLE OILS @ \$1.10 per gallon	DIESEL ENGINE MOTOR VEHICLE OILS @ 35¢ per gallon	PREPACKAGED OR OTHER MOTOR VEHICLE OILS @ 35¢ per gallon
1. Number of gallons exported			
2. Multiply by the applicable rate	\$1.10	\$0.35	\$0.35
3. Net amount requested for reimbursement	\$	\$	\$
4. Total amount submitted for reimbursement			\$

The Finance Authority of Maine will make an annual determination of any excess revenue that may exist in the Waste Motor Oil Revenue Fund that is available for distribution as reimbursements to eligible dealers. If the amount available for reimbursement is less than the total amount requested from all eligible dealers, the amount paid to each dealer will be prorated. The ratio will be the amount requested by the dealer as a percentage of all claims made for the reimbursement period. Amounts not reimbursed in the current year will be carried forward to the next year. All prior year claims will be paid before current year claims.

CERTIFICATION/WAIVER:

I, the undersigned, state that the information on this application is true, correct and complete, to the best of my knowledge.

Signature

Date

Print Name

Title

MAIL TO: MAINE REVENUE SERVICE
SALES, FUEL & SPECIAL TAX DIV.
P.O. BOX 1065
AUGUSTA, MAINE 04332-1065
TEL: (207) 624-9693